

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number: Expires:

Estimated average burden hours per response . .

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Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.) ASA Market Neutral Equity Fund LLC: Offering of Limited Liability Company Interests										
Filing Under (Check box	(es) that apply):	☐ Rule 504	☐ Rule 50	5 🗵 Rule	506 □ Se	ction 4(6)	□ ULOE			
Type of Filing:	☑ New Filing	□ A	mendment							
		A. BA	SIC IDENTIFICA	TION DATA			PROCESSE			
1. Enter the inform	mation requested abo	out the issuer					1007 2 4 2002			
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) ASA Market Neutral Equity Fund LLC (the "Company") THOMSON										
Address of Executive Of 817 West Peachtree S			Telephone Number (Including Area Code) (404) 760-3424							
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as above						Telephone Number (Including Area Code)				
Brief Description of Business The Company seeks to achieve consistent returns through investing with portfolio managers who employ balanced long/short equity strategies to achieve returns from stock selection while shielding against movements of the broad market.										
Type of Business Organ	ization									
□ corporation		☐ limited pa	artnership, alread	ly formed	⊠ other (p Company	other (please specify): Limited Liability Company				
☐ business trust		□ limited p	artnership, to be	formed						
Actual or Estimated Date	e of Incorporation or	Organization:	Month 09	Year 2002 ☑ Actua	al □ Es	timated				
Jurisdiction of Incorpora	tion or Organization:	(Enter two-lette	er U.S. Postal Se							
2 22 2.0		,	a; FN for other fo			DE				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, it received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner □ Executive Officer □ Director ☑ General and/or Managing Partner Full Name (Last name first, if individual) Aspen Strategic Alliance, LLC (the "Managing Member") Business or Residence Address (Number and Street, City, State, Zip Code) 817 West Peachtree Street, N.W., Suite 400, Atlanta, Georgia 30308 Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner XI Executive Officer ☐ General Partner □ Director of the General Partner Full Name (Last name first, if individual) Banwart, Kenneth E. (Number and Street, City, State, Zip Code) **Business or Residence Address** 817 West Peachtree Street, N.W., Suite 400, Atlanta, Georgia 30308 Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Christian, James G., Jr. Business or Residence Address (Number and Street, City, State, Zip Code) 817 West Peachtree Street, N.W., Suite 400, Atlanta, Georgia 30308 Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☐ General and/or □ Director Managing Partner Full Name (Last name first, if individual) Dunn, Douglas E. **Business or Residence Address** (Number and Street, City, State, Zip Code) 817 West Peachtree Street, N.W., Suite 400, Atlanta, Georgia 30308 Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☑ Executive Officer ☐ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Standrod, Jeremy Business or Residence Address (Number and Street, City, State, Zip Code) 817 West Peachtree Street, N.W., Suite 400, Atlanta, Georgia 30308 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual)

(Number and Street, City, State, Zip Code)

Business or Residence Address

B. INFORMATION ABOUT OFFERING												
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No			
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?								□ \$100,0	⊠ 100*			
* Subject to the discretion of the Managing Member								Ψ <u>100,</u> ¢	, ,,,,			
3. D	oes the offerin	g permit jo	int ownersh	ip of a sing	gle unit?		•••••				Yes	No □
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	ame (Last na	me first, if i	individual)									
N/A Busin	ess or Reside	noo Addro	sa (Numba	r and Stra	ot City St	toto Zin C	odo)	<u> </u>				
Dusine	ess of Reside	ince Addre	ss (Mullibe	and Sue	et, City, S	iate, Zip Ci	ode)					
Name	of Associate	d Broker o	Dealer									· · · · · · · · · · · · · · · · · · ·
States	in Which Pe	rson Listed	Has Solid	ited or Int	ends to So	licit Purcha	asers	··· - ····				
	(Check "Al	l States" or	check ind	ividual Sta	ates)						□ Al	l States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full N	ame (Last na	me first, if	individual)								·	
Busine	ess or Reside	ence Addre	ss (Numbe	er and Stre	et, City, S	tate, Zip C	ode)			•		
Name	of Associate	d Broker o	r Dealer					***				
States	in Which Pe	rson Listed	Has Solid	ited or Int	ends to So	licit Purcha	asers	T-11				
	(Check "Al	l States" oi	check ind	ividual Sta	ates)						□ Al	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN]	[A]	[KS] [NH]	[KY] [NJ]	[LA]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[NE] [SC]	[NV] [SD]	[TN]	[TX]	[NM] [UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	ame (Last na	me first, if	individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name	of Associate	d Broker o	r Dealer									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)							□ All States					
[AL] [IL] [MT] [RI]	[IN]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Amount Already Aggregate Offering Price Sold Debt..... O 0 Equity: 0 0 ☐ Common □ Preferred Convertible Securities (including warrants): Partnership Interests Other (Specify: Limited Liability Company Interests)..... \$1,000,000,000 \$3,446,500 Total \$1,000,000,000 \$3,446,500 Answer also in Appendix, Column 4, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 40 \$3,446,500 Non-accredited Investors 0 0 Total (for filings under Rule 504 only)..... N/A N/A Answer also in Appendix, Column 3, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Type of Dollar Amount Security Sold Rule 505 N/A Regulation A..... N/A Rule 504 0 N/A Total N/A 0 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees X 0 X Printing and Engraving Costs..... 0 Legal Fees..... X 45,000* X Accounting Fees..... 0 X Engineering Fees 0 Sales Commissions (specify finders' fees separately) X 0 Other Expenses (identify Blue Sky X 5,000 * XI Total 50.000*

^{* -} estimated amounts

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSE	S AND	USE O	F PROCI	EEDS						
4.	 b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 											
5.	Indicate below the amount of the adjusted grused for each of the purposes below. If the estimate and check the box to the left of the ethe adjustment gross proceeds to the issuer set.	e amount for any purpose is not knestimate. The total of the payments i	own, fu isted mu	rnish ar ist equa	1							
				O Dire	ments to fficers, ectors, & ffiliates			yments to Others				
	Salaries and fees		X	\$	0	X	\$	0				
	Purchase of real estate		X	\$	0	X	\$	0				
	Purchase, rental or leasing and installation	of machinery and equipment	X	\$	0	X	\$	0				
	Construction or leasing of plant buildings ar	nd facilities	X	\$	0	X	\$	0				
	Acquisition of other businesses (including the this offering that may be used in exchange	for the assets or securities of										
	another issuer pursuant to a merger)		X	\$	0	X	\$					
	Repayment of indebtedness		XI XI	\$	0	X	\$	0				
	Working capital			\$	0		\$	0				
	Other (specify): Investment Program/Securi	ties		\$	0	X	\$ <u>999,950,000</u>					
	Column Totals		X	\$	0	X	\$ <u>99</u>	9,950,000				
	Total Payments Listed (column totals added	d)	X		\$9	99,95	9,950,000					
		D. FEDERAL SIGNATURE					· · · · · · · · · · · · · · · · · · ·					
fol	e issuer has duly caused this notice to be signe lowing signature constitutes an undertaking by quest of its staff, the information furnished by the	the issuer to furnish to the U.S. Se	curities	and Ex	change Co	ommis	sion, u	pon written				
	suer (Print or Type) SA Market Neutral Equity Fund LLC	Signature Chmul Municipal Signature	and the	D: 10	ate 0 <u>1 0 8</u> 102	2						
	ame (Print or Type) enneth E. Banwart	Title of Signer (Print or Type) Managing Director of the Man	nager M	lember								
			-			,						
					<u>-</u>		·					
	Intentional misstatements or omissic	ATTENTION ons of fact constitute federal crim	inal vio	latione	(See 19	וופר	1001					